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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/534,806
	<b>Filing Date</b>	May 11, 2008
	<b>First Named Inventor</b>	Albert B. Weissbroth
	<b>Title</b>	Adenoviral Vector Vaccine
	<b>Art Unit</b>	1644
	<b>Examiner Name</b>	Gambel, Phillip
	<b>Attorney Docket Number</b>	036222-0212

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ Applicant/Inventor.

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/56) submitted herewith or filed on \_\_\_\_\_

## SIGNATURE of Applicant or Assignee of Record

Signature



Date

March 30, 2010

Name

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832-767-6043

Title and Company

Inventor/Assignee of Record

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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